STATE OF NEVADA GAMING CONTROL BOARD



NEVADA SUPPLEMENTAL PERSONAL HISTORY DISCLOSURE FORM

NONRESTRICTED GAMING LICENSE OR NONRESTRICTED KEY EMPLOYEE GAMING LICENSE

STATE OF NEVADA ADDENDUM TO FORM 7

PERSONAL HISTORY MULTI-JURISDICTIONAL DISCLOSURE FORM

This Addendum to be submitted in conjunction with Form 7

APPLICANT INFORMATION

Last Name	First Name	Middle Name
Occupat	ion	Social Security Number
Name of location for which	ch you are to be licensed, regist	tered, or found suitable.
Name of Lega	al Entity	Address of Legal Entity
Positio	 n	% of Interest
Are you a citizen of the U	Jnited States? 🗌 Yes 🔲 I	No
a. If a non-citizen, Re	gistration No.:	
o. If Naturalized, Cert	ificate No:	Date:
Place:	(Documentation will be n	
	(Documentation will be n	necessary)
Yes No	l or criminal record expunged o	·
Charge/Complaint:		
Case Number:		
Disposition:		
Have you registered for t	he draft?	
County:	State:	Date:
Amount of Personal Inve	stment in business \$	
Source of Investment:		
person, firm, or corporat		assigned, pledged or hypothecated to any en entered into whereby your interest is to Yes No
Has your Federal Income	e Tax Return ever been audited	d? ☐ Yes ☐ No
Tax Year:		
Audit Year:		
Office Conducting Audit:		

Yes No If yes, complete the following:	9.	Date last Federal Income Tax Return was filed: For Tax Year:					
Yes No If yes, complete the following:		Applicar	nts are advised	that copies of Fede	eral Income Tax Retu	ırns will be re	equired.
11. Do you have access to a safe, safe deposit box, vault, or similar security storage in any location? Yes	10.			• •	•	nvicted of a fe	lony?
Yes No If yes, provide the location(s) and description of the contents:		Name	Relationship	Charge	Location	Date	Disposition
Yes No If yes, provide the location(s) and description of the contents:							
to you in the past five years: (If more space is needed, provide an attachment) 13. Provide a list of the business and personal cell phone numbers you have used in the past five years: (If more space is needed, provide an attachment) 14. List below the number and location of electronic devices you have had access to in the past five years: (If more space is needed, provide an attachment) Device No. Locations	11.	☐ Yes ☐	No If yes, pro	vide the location(s) a			nny location?
years: (If more space is needed, provide an attachment) 14. List below the number and location of electronic devices you have had access to in the past five years: (If more space is needed, provide an attachment) Device No. Locations	12.						ad available
years: (If more space is needed, provide an attachment) Device No. Locations	13.						the past five
	14.				•	d access to in	the past five
Computers/Laptops		Device	No.		Location	ns	
	Com	puters/Laptops					
Tablets Data Storage/Computer Networks	Tabl Data	ets Storage/Comp					
Thumb Drives							
Smart Phones							
Other:							

<u> </u>	USE INFORMA	TION				
	Last Name	e	First Na	ame	Middle Na	ame
		Occupation		Soci	al Security Numb	er
		C	urrent Employer			
•	Is your spouse	a citizen of the Ur	· · -] Yes □ No		
		itizen, Registratior				
		ized, Certificate No	·			
	Place:					
			/D:			
			(Documentation	will be necessary)		
	Have you or you permit or certif	ication, in any juri	UANA INFORM nade an applicat sdiction, includin	IATION tion for, or held, any N ng but not limited to th	e following: di	spensaries,
<u>EDI</u>	Have you or y permit or certif cultivation, pro related approv	our spouse ever nication, in any juriduction, laboratorials? If you or you elicensing agency	nade an applicat sdiction, includin ies, retail, produ r spouse ever ap for any reason, v	IATION ion for, or held, any N	e following: di	spensaries, f marijuana ed, denied,
	Have you or you permit or certificultivation, progrelated approvements of this question.	our spouse ever nication, in any juriduction, laboratorials? If you or you elicensing agency	nade an applicat sdiction, includin ies, retail, produr spouse ever apfor any reason, will be to be the pate of th	IATION ion for, or held, any N ig but not limited to th ct manufacture or any oplied and the applicat withdrawn or is current lete the following:	e following: di	spensaries, f marijuana ed, denied, swer Yes to
	Have you or you permit or certificultivation, progrelated approver returned by the this question.	our spouse ever nication, in any juriduction, laboratorials? If you or you elicensing agency	nade an applicat sdiction, includin ies, retail, produ r spouse ever ap for any reason, v	IATION ion for, or held, any N ig but not limited to th ct manufacture or any oplied and the applicat withdrawn or is current lete the following:	e following: di	spensaries, f marijuana ed, denied,
	Have you or you permit or certificultivation, progrelated approvements of this question.	our spouse ever nication, in any juriduction, laboratorials? If you or you elicensing agency	nade an applicat sdiction, includin ies, retail, produr spouse ever apfor any reason, will be to be the pate of th	IATION ion for, or held, any N ig but not limited to th ct manufacture or any oplied and the applicat withdrawn or is current lete the following:	e following: di	spensaries, f marijuana ed, denied, swer Yes to
	Have you or you permit or certificultivation, progrelated approvements of this question.	our spouse ever nication, in any juriduction, laboratorials? If you or you elicensing agency	nade an applicat sdiction, includin ies, retail, produr spouse ever apfor any reason, will be to be the pate of th	IATION ion for, or held, any N ig but not limited to th ct manufacture or any oplied and the applicat withdrawn or is current lete the following:	e following: di	spensaries, f marijuana ed, denied, swer Yes to
Na	Have you or you permit or certiff cultivation, progretated approvements of the this question. The end of the your spouse, a subject to any	our spouse ever notication, in any jurication, in any jurication, laboratorials? If you or you elicensing agency Type of License e Marijuana relate as identified in the conditions in any jurication.	nade an applicat sdiction, includin ies, retail, product spouse ever applicated and reason, with the second	tion for, or held, any Notice to the control of the	e following: di other type o tion was grant ly pending and sing Agency	spensaries, f marijuana ded, denied, swer Yes to Disposition
Na T)	Have you or you permit or certiff cultivation, progretated approvements of the this question. The end of the your spouse, a subject to any	our spouse ever notication, in any jurication, in any jurication, laboratorials? If you or you elicensing agency Type of License e Marijuana relate as identified in the conditions in any jurication.	nade an applicate sdiction, including ies, retail, product a spouse ever applicate for any reason, with the same production in the same production is applicated and including in the same production? The same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production in the same production is applicated in the same production	tion for, or held, any Notice to the control of the	e following: divided to the type of type of the type of type o	spensaries, f marijuana red, denied, swer Yes to Dispositio

ope	,	your spouse ever madense, permit or certification. No If yes, complete	ation, in an	y jurisd		sed to finance a Marijuana related
Date of Loan		lame of Borrower	Origin amount o		Туре	of Marijuana related enterprise the funds were used to finance
has	, ,	our spouse ever held a d for a Marijuana rela No If yes, complete	ted operat	ion, in a		entity owning real estate which is or liction?
Date From:	Date To:	Name of Entity	y		ntage of ership	Type of Marijuana related enterprise and address for the Marijuana related enterprise

STATE OF	
COUNTY OF	SS.
l,, (Applicant's Name)	_, being first duly sworn, depose and say under the penalty of
perjury that I have read the foregoing Form 7 and t and know the contents thereof; that all statements Application have been personally reviewed by me a requested; that I have not omitted or otherwise f statements presented within the Application not m any untrue or misleading fact or statement or the sufficient to cause adverse action to be taken wit revocation and/or other forms of disciplinary action I may have been previously granted; that I am volun Revised Statutes 463.140(5) provides "[a]ny persor is guilty of perjury."; and, further, that I have familian	this Addendum (sometimes collectively referred to as Application) and information of whatever kind and nature contained within the and are true and correct and contain a full account of all information failed to state a material fact necessary to make the facts and insleading; that I executed this statement with the knowledge that failure to reveal all of the information requested may in itself, be inthe regards to my Application, to and including denial, as well as an against any license, approval, finding of suitability, or registration untarily submitting this Application with full knowledge that Nevada on making false oath in any matter before the Board or Commission arized myself with the contents of the Nevada Gaming Control Act a Gaming Commission as promulgated thereunder and agree, inbility, or approval requested, to abide thereby.
deliberate, intensive and thorough investigation of myself, as well as for my heirs, executors, admir discharge the State of Nevada, the State Gaming Attorney General and each of their members, agent from any and all manner of actions, causes of ac whatsoever known or unknown, in law or equity, the all of the persons or entities named in this paragrap circumstances surrounding, or in any way relating result of, or to, this Application, or any person or publicity, public notice, embarrassment, criticism, of above actions or inactions, persons or entities.	vote will be taken by the Board and/or Commission except after a of the facts and circumstances surrounding this Application, I, for inistrators, successors, and assigns, hereby release and forevening Control Board, the Nevada gaming Commission, the Nevada its, and employees in their individual and representative capacities action, suits, debts, judgments, executions, claims, and demands that I have, ever had, may have, or claim to have against any and ph, arising out of, or by reason of, the investigation of the facts and to, this Application, any action or inaction taken or not taken as a prentity associated or related therewith, as well as any adverse or financial loss which may result from, or be caused by, any of the
Gaming Commission, may not be withdrawn withou	sting action by the State Gaming Control Board and/or Nevada ut the prior approval of the Board, and that by filing this Application of and/or Commission on this Application, at their election, even it er than my death.
Print/Type Name of Applicant	Signature of Applicant
SUBSCRIBED AND SWORN TO BEFORE ME	
THIS,,	
Signature of Notary Public	
	(SEAL/STAMP)

CERTIFICATION OF FORM

Nevada Gaming Regulation 10.010 requires that every attorned prepares this document on behalf of the applicant be properly enrolled requires any such representative to certify such document. If this document please have that person complete the following:	olled with the Commission. Regulation 10.110
I,, do hereby certif	y that I am enrolled to practice before the
Nevada Gaming Commission and am fully knowledgeable of my recrtified that I have prepared this document on behalf of the applicant Act and the Regulation of the Nevada Gaming Commission.	
	(Signature of Attorney, C.P.A. or Agent)
	(Business Address)
	(Telephone)